

# Wisconsin Department of Regulation & Licensing

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## **DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING**

### **CREMATORY AUTHORITY APPLICATION**

1. NAME OF CREMATORY AUTHORITY	2. PHONE NUMBER OF CREMATORY AUTHORITY (     )
3. ADDRESS OF CREMATORY (Street, City, State, Zip Code)	
4. NAME OF INDIVIDUAL OR BUSINESS ENTITY OWNER	5. PHONE NUMBER OF OWNER (     )
6. ADDRESS OF OWNER (Street, City, State, Zip Code)	
7. TYPE OF OWNERSHIP <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	8. LIST PARTNERS OR CORPORATE OFFICERS a. _____ b. _____ c. _____ d. _____ e. _____
9. CHECK ONE: <input type="checkbox"/> New Crematory Authority <input type="checkbox"/> Change of Ownership or Control	
10. ANTICIPATED OPENING DATE _____	11. IF A CHANGE OF OWNERSHIP OR CONTROL, ENTER NAME OF FORMER SOLE OWNER OR OWNERSHIP ENTITY

The crematory authority license expires on January 1 of the even-numbered year. It may be renewed for a two-year period at that time.

**Application Fee:** Make check payable to Department of Regulation and Licensing and attach check to application.

\$ 53.00 Fee

**For Receipting Use Only**

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## 12. STATEMENT OF ARREST OR CONVICTION: MARK AN X IN THE APPROPRIATE BOX.

If you answer **YES** to any questions, give all details on a separate sheet.

- |  | <u>YES</u>               | <u>NO</u>                |
|--|--------------------------|--------------------------|
| A. Has the owner/operator of the establishment ever been convicted of a misdemeanor or a felony? <u>If YES, complete and attach Form #2252.</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Does the owner/operator of the establishment have any felony or misdemeanor charges pending against it? <u>If YES, attach a sheet providing details about the pending charge, including status of the charge and the location of court.</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Has the owner/operator of the establishment ever surrendered, resigned, cancelled or been denied a professional license or any other credential in Wisconsin or any other jurisdiction? <u>If YES, give details on an attached sheet, including the type of license and the agency.</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Has any licensing or other credentialing agency ever taken any disciplinary action against the owner/operator of the establishment, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? <u>If YES, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Is disciplinary action pending against the owner/operator of the establishment in any jurisdiction? <u>If YES, attach a sheet providing details about pending action, including the name of the agency and status of action.</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Have any suits or claims ever been filed against the owner/operator of the establishment as a result of professional services? <u>If YES, submit a copy of the claim or suit and a copy of the final settlement or disposition.</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Does the owner/operator of the establishment currently hold, or has the owner/operator held in the past, any credential (license) issued by the Department of Regulation and Licensing or any of the Boards? <u>If YES, what type of credential?</u>  | <input type="checkbox"/> | <input type="checkbox"/> |

And if in another name, what name? \_\_\_\_\_

## 13. STRUCTURE AND EQUIPMENT

Indicate the type of structure and equipment that will be used in the crematory.

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I state that all answers are true in every respect, and that the owner/operator identified in #4 on Page 1 will operate the crematory at this address in accordance with Chapter 440, Stats., and any applicable federal statutes and regulations.

I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential or other disciplinary action. I also understand that if I am issued a credential, failure to comply with the laws or rules of the Department of Regulation and Licensing will be cause for disciplinary action.

I further certify that I have obtained authorization from local officials to open the crematory at this location.

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Signature of Owner/Operator, Officer or Partner

Date: \_\_\_\_\_

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Print or Type Name of Person Signing Above